The Addictive & Mental Disorders Division
Community Mental Health Services for Adults – Spring 2012

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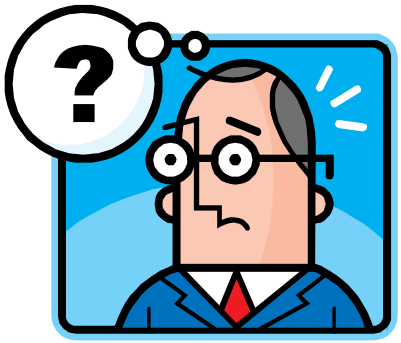
This presentation covers:

- Mental Health Services Plan
- Medicaid Mental Health
- MHSP Basic Medicaid Waiver
- SDMI HCBS Waiver
- Submitting Claims
- Forcing Claims

The Mental Health Services Plan

Enrollment in MHSP is limited to individuals who meet:

- Financial criteria (falling below 150% of Federal Poverty Level)
- Meet Severe Disabling Mental Illness (SDMI) criteria
- Individuals applying for MHSP must first apply for Medicaid
  - **ARM 37.89.106** MENTAL HEALTH SERVICES PLAN, MEMBER ELIGIBILITY
- *MHSP eligibility is valid for one year*
- *A clinical assessment is not required for renewal*



SDMI criteria <u>has not changed</u>.

Please refer to the
SDMI Diagnoses and
*SDMI Criteria **handouts**.*

MHSP Contracts

AMDD contracts with licensed mental health centers that provide services to adults with severe disabling mental illnesses who have been determined eligible for the Mental Health Services Plan.

MHSP Eligibility Enrollments

- Regional mental health centers make the MHSP determinations and enrollments.

- Other licensed mental health centers make the determination of eligibility, but notify the Benefit Management Team for enrollments.

Submitting MHSP Claims

- Licensed mental health centers will submit encounter claims through the Affiliated Computer Services (ACS) claims payment system.

MHSP Fee-for-Service

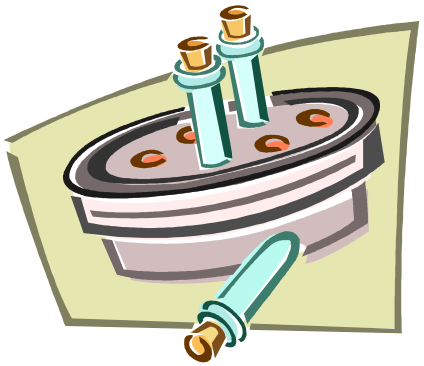
- Reimbursement to providers who have **prescriptive authority or who provide medication management** will continue to be reimbursed on a fee-for-service model.
- The provider types include:
  - physicians,
  - psychiatrists,
  - mid-level practitioners,
  - labs,
  - rural health clinics, and
  - federally qualified clinics.

PLEASE check for Medicare eligibility

- If an individual is receiving a Social Security check and does not have Medicaid, they are probably eligible for Medicare.
- Medicare eligible individuals should enroll in Parts B and D before applying for MHSP and Medicaid.

MHSP Laboratory Fees

- Laboratory services for management of medications prescribed for mental illness are covered.
- Laboratory providers submit these claims to ACS on a CMS 1500 form.
- Hospitals must submit these claims to the AMDD Benefits Management Team on a UB-04 form.



Adult Medicaid Mental Health Services

Medicaid Mental Health Services

- Psychiatric Diagnostic Interview
- Individual, Family, and Group psychotherapy
- Psychological testing
- Respite Care
- MH Group Home
- Adult Foster Care
- Day Treatment
- CBPRS
- IMR
- Crisis Intervention Facility
- PACT
- ICBS
- Targeted Case Management
- Acute Partial Hospitalization
- Intensive Outpatient Services
- DBT

Service Limits/Prior Authorization

- Outpatient Therapy
  - 24 sessions in a calendar year
- Inpatient Services
  - Requires a prior-authorization before billing
- DBT/IOP
  - Requires a prior-authorization before services rendered
- Crisis Intervention Facilities
  - Requires a prior-authorization before billing

Remember…

- The individual cannot be billed for services when Montana Medicaid was accepted as the payment source.
  - ARM 37.85.406(11)
- Services rendered must be documented.
  - ARM 37.85.414

MHSP Basic Medicaid Waiver

MHSP Basic Medicaid Waiver

- Implemented December 1,2010
- Eligibility
  - 18 years of age and no older than 64 years of age
  - Have primary diagnosis of Schizophrenia or Bipolar Disorder
  - Must be MHSP eligible
- Persons are randomly selected with priority given to persons with Schizophrenia
- 800 slots total; almost 700 persons have been drawn

MHSP Basic Medicaid Waiver

- Receives Basic Medicaid Coverage
- Coverage is for one continuous year
- Can be re-enrolled after the one year provided the individual meets all eligibility criteria for MHSP

SDMI Home and Community Based Waiver

SDMI HCBS Waiver

- Goal for the program is to keep individuals in their own community and to live as independently as possible.
- The waiver is recovery oriented.

SDMI HCBS Waiver

- Designed to provide an individual with SDMI a choice:
  - Receiving long term services in a community, or
  - Receiving long term services in a nursing home setting.
- Individual must meet nursing home level of care and reside in an area of the state where the Waiver is available.
- Waiver providers are enrolled as Montana Medicaid providers.

SDMI HCBS Waiver – Location

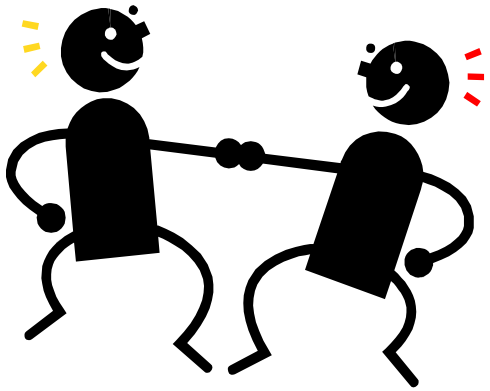
- Four Areas
  - **Billings** (46 slots): Big Horn, Carbon, Stillwater, Sweet Grass
  - **Butte** (43 slots): Beaverhead, Deer Lodge, Granite, Powell, Jefferson
  - **Great Falls** (39 slots): Blaine, Choteau, Glacier, Hill, Liberty, Pondera, Teton, Toole
  - **Missoula** (40 slots)

SDMI HCBS Waiver – Services Included

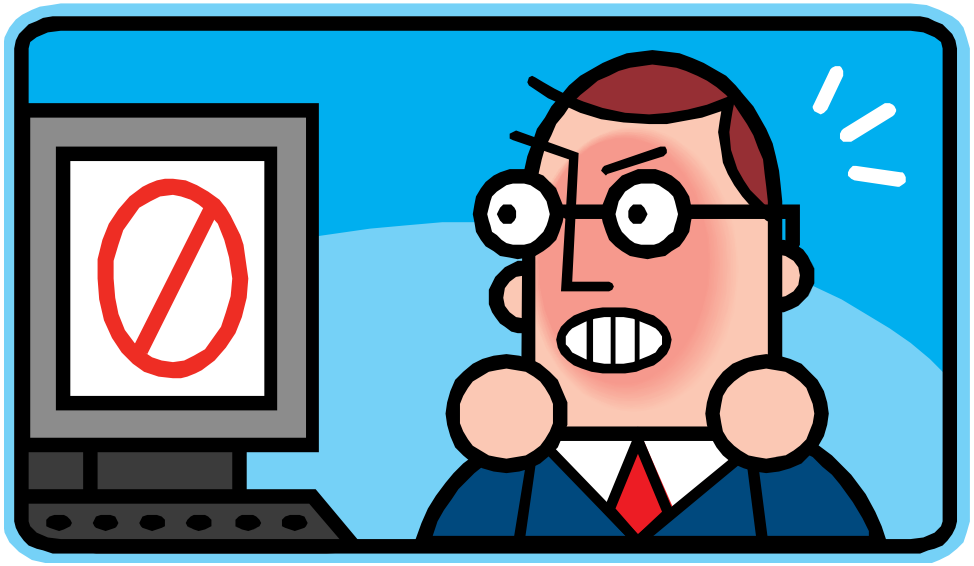
- case management
- adult residential care
- supported living
- adult day health
- personal assistance
- habilitation
- homemaking
- respite
- outpatient OT
- chemical dependency counseling
- dietetic and nutrition counseling
- nursing services
- personal emergency response systems
- durable medical equipment and supplies
- non-medical transportation
- IMR and WRAP

SDMI HCBS New Services

- Effective July 1, 2012
  - Community Transition
  - Pain and Symptom Management
  - Health and Wellness



SUBMITTING CLAIMS



PLEASE…

- Check client eligibility before submitting claims
- Use correct SSN

Please DON'T…

- Resubmit a denied claim without fixing it.
- If you don't understand why it denied:
  - ***First***, call Provider Relations for help, and it if is not resolved, then
  - Send ICN to AMDD for assistance.

Please DON'T…

- Change a diagnosis so the claim pays.
- Change the amount billed in the hope of getting more money.
- Submit claims with Medicare or TPL without the required documentation.

When a client has Medicare…

- Check Medicare enrollment on the Web Portal prior to submitting claims.

- Claims are denied when the MMIS (Web Portal) does not show Medicare enrollment and the claim includes Medicare information.

Medicare Updates

- AMDD and ACS implemented a systematic process with CMS to verify Medicare information for MHSP enrolled clients.
- Updates are made weekly to the MMIS for Medicare parts A, B and D.
- Providers should notify the Benefit Management Team of Medicare coverage if enrollment does not show in the Web Portal and that information can be added.
- If recipients are Medicare eligible, then they should be enrolled in Medicare.

Common Issues Resulting in Denials

- Client has Medicare on file and no Medicare information is present on the claim
- Medicare denied the services as not medically necessary
- Medicare denial reasons are not attached
- Medicare EOB and claim information do not match
  - Check client name, ID, date of service, billed amount, procedure code(s)

Forcing Claims

Claims we will force:

- Retroactive Medicaid eligibility (365 days from the time you become aware of the eligibility).
- Claims that denied due to errors that were caused by ACS or AMDD.
- MHSP lab claims for hospitals.
- Medicaid claims with a suspension span.

Claims we will not force:

- Claims that are past timely due to billing errors.
- Claims with changed diagnoses or that show physical evidence of being changed.
- Claims that do not have required documentation of TPL attached.

- Claims for services that exceed the unit limit on the code or the authorized units.

Claims we will not force:

- Claims that do not have a correct Medicare EOB attached.
- Claims for non-participating Medicare providers.
- Claims that contain billing information that differs from what was billed to other insurance.

Benefit Management Team Contacts

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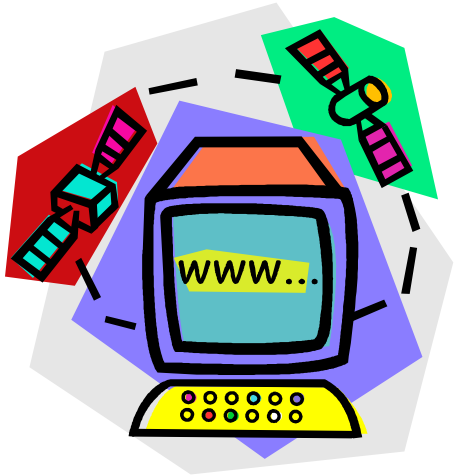
Helpful Websites



- AMDD
  - http://www.dphhs.mt.gov/amdd
- Montana Medicaid
  - http://medicaidprovider.hhs.mt.gov
- Montana Access to Health Web Portal
  - https://mtaccesstohealth.acs-shc.com/mt/general/home.do

Any Questions?